

PERMIT MUST BE POSTED IN A PLACE  
VISIBLE TO THE PUBLIC



# Work Permit Department of Buildings

Permit Number: 201050067-01-AL

Address: BRONX

476 TIMPSON PLACE

Description of Work:

ALT1 - THIS APPLICATION IS TO SUPERSEDE APPLICATION #201043272 WHICH WAS  
FILED IN ERROR.



Issued: 10/05/2006 Expires: 08/29/2007

For detailed information regarding this permit, please log on to BISWeb at [www.nyc.gov/buildings](http://www.nyc.gov/buildings)

Emergency Telephone Day or Night: 311

Borough Commissioner:

Commissioner of Buildings:

*[Signature of Borough Commissioner]* *[Signature of Commissioner of Buildings]*

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment or both.

*[Signature]*

OP-35A (2/05)

## COBALT DESIGN AND CONSTRUCTION

Construction, Design, and other Engineering Services

91 McClellan ST.  
BRONX, NY 10452  
Office: 718-992-4470  
Fax: 718-992-4300

## PROPOSAL

05/15/06

To: Mel-Mar Realty Corp.  
461 Timpson Place  
Bronx, NY 10455

Ref.: 476 Timpson Place Construction Project

Madam/Sir

We hereby propose the following for 476 Timpson Place Construction project:

Construction of 10,000 square foot addition consisting of:

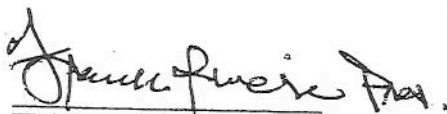
- Demolition
- Site Preparation
- Foundation
- Cinder Block Wall Approximately 15 ft. high
- Steel Support Beams
- Metal Roof
- (2) 12 x 8 Loading Docks with Roll Up Metal Gates

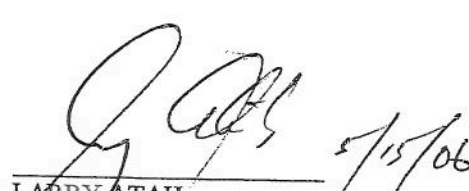
**APPROXIMATELY \$55.00 PER SQUARE FOOT**

**\$550,000**

**Payment Schedule:**

- 10% due upon signing of contract
- 15% due upon completion of site preparation
- 25% due upon completion of pouring of foundation
- 25% due upon completion of walls
- 15% due upon completion of roof
- 10% due upon entire completion of project

  
FRANK RIVERA  
MEL-MAR REALTY CORP.  
5/15/06

  
LARRY ATAH  
COBALT DESIGN & CONSTRUCTION  
5/15/06



## HUDSON VALLEY BANK

July 8, 2008

Mr. Frank Rivera  
Mel-Mar Realty, Corp.  
3 Vetere Place  
Mount Kisco, NY 10549

Dear Mr. Rivera:

We are pleased to notify you that Hudson Valley Bank, N.A. f/k/a Hudson Valley Bank (the "Bank") has agreed to extend the \$620,000.00 Construction Loan Mortgage Note (the existing "Note"), loan #2365501001 to Mel-Mar Realty, Corp. (the "Borrower") which matured July 1, 2008, under the following terms and conditions:

- *The Note is hereby extended to October 1, 2008.*
- *The Borrower agrees to pay an extension fee of \$1,550.00 upon the execution of this agreement.*
- *The outstanding principal balance as of this date is \$ 491,563.88.*

All other terms and conditions of the original Note dated August 9, 2006 remain unchanged except as modified herein.

Please acknowledge your acceptance of this extension by signing and returning this original letter to the undersigned.

Sincerely,

Rebecca Polanco  
Vice President

Acknowledged and Agreed to  
This 11 day of July, 2008

Mel-Mar Realty, Corp.

By:   
Frank Rivera, President



**Employment Application**

**2007 W-2 Form**

**2007 941 / NYS-45 Tax Form**

**Payroll Company Letter**

**Workers Compensation Records**

**APPLICATION FOR EMPLOYMENT****PERSONAL INFORMATION**

NAME

LAST

FIRST

MIDDLE

DATE

SOCIAL SECURITY  
NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

PERMANENT ADDRESS

STREET

CITY

STATE

PHONE NO.

REFERRED  
BY**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

☐ Height \_\_\_\_\_ feet \_\_\_\_\_ inches☐ Citizen of U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No☐ Weight \_\_\_\_\_ lbs.☐ Date of Birth \* \_\_\_\_\_

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

**EMPLOYMENT DESIRED**

POSITION

DATE YOU  
CAN STARTSALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

**EDUCATION**

NAME AND LOCATION OF SCHOOL

YEARS  
ATTENDEDDATE  
GRADUATED

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR  
CORRESPONDENCE  
SCHOOL

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

READ

WRITE

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)



DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING? IN VISION? IN SPEECH?

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMIS-  
SION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE  
PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY  
PREVIOUS NOTICE.

DATE SIGNATURE

INTERVIEWED BY DO NOT WRITE BELOW THIS LINE DATE

**REMARKS:**

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	400
Hired	FOR DEPT. Warehouse	POSITION 10.00 Hr	WILL REPORT
			SALARY WAGES 400 WK

APPROVED: 1. 2. 3.  
EMPLOYMENT MANAGER DEPT HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, Inco does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

## Form W-2 Wage and Tax Statement 2007

## EMPLOYER REFERENCE COPY - DO NOT FILE

a Control number 0021-D027 000041-000100		Void		c Employer's name, address, and ZIP code <b>MECHANICAL HEATING SUPPLY INC</b> 476 TIMPSON PL BRONX NY 10455		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 13-3524651		d Employee's social security number 127-90-6692				1 Wages, tips, other compensation 400.00	2 Federal income tax withheld 16.73
13 Statutory employee	Retirement plan	Third-party sick pay	Subtotal			3 Social security wages 400.00	4 Social security tax withheld 24.80
12 See Instrs. for Box 12		14 Other NYSDI 1.20		e Employee's name, address, and ZIP code JOSE AMADOB 300 E 151ST STR BRONX NY 10451		5 Medicare wages and tips 400.00	6 Medicare tax withheld 5.80
						7 Social security tips	8 Allocated tips
						9 Advance EIC payment	10 Dependent care benefits
						11 Nonqualified plans	
15 State NY	Employer's state ID No. 133524651	16 State wages, tips, etc. 400.00	17 State income tax 3.73	18 Local wages, tips, etc. 400.00	19 Local income tax 3.22	20 Locality name NY NYC	



Form **941 for 2007: Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2007) Department of the Treasury - Internal Revenue Service

950107

OMB No. 1545-0029

(EIN) Employer identification number **1 3 - 3 5 2 4 6 5 1**

Name (not your trade name) **MECHANICAL HEATING SUPPLY INC**

Trade name (if any) \_\_\_\_\_

Address **461 TIMPSON PL**  
 Number Street Suite or room number  
**BRONX** **NY** **10455**  
 City State ZIP code

**Report for this Quarter of 2007**  
 (Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 **14**

2 Wages, tips, and other compensation 2 **163932.00**

3 Total income tax withheld from wages, tips, and other compensation 3 **26432.22**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<b>176089.55</b>	x .124 =	<b>21835.10</b>
5b Taxable social security tips		x .124 =	
5c Taxable Medicare wages & tips	<b>176089.55</b>	x .029 =	<b>5106.60</b>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)			<b>26941.70</b>

6 Total taxes before adjustments (lines 3 + 5d = line 6) 6 **53373.92**

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

7a Current quarter's fractions of cents **20**

7b Current quarter's sick pay

7c Current quarter's adjustments for tips and group-term life insurance

7d Current year's income tax withholding (attach Form 941c)

7e Prior quarters' social security and Medicare taxes (attach Form 941c)

7f Special additions to federal income tax (attach Form 941c)

7g Special additions to social security and Medicare (attach Form 941c)

7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h **20**

8 Total taxes after adjustments (Combine lines 6 and 7h.) 8 **53374.12**

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (lines 8 - 9 = line 10) 10 **53374.12**

11 Total deposits for this quarter, including overpayment applied from a prior quarter 11 **53374.12**

12 Balance due (If line 10 is more than line 11, write the difference here.) 12

Make checks payable to the *United States Treasury*

13 Overpayment (If line 11 is more than line 10, write the difference here.) ☐ Check one ☐ Apply to next return.  
☐ Send a refund.

▶ You **MUST** fill out both pages of this form and **SIGN** it.

**Next** →

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Form **941** (Rev. 1-2007)



950207

Name (not your trade name)

Employer identification number (EIN)

MECHANICAL HEATING SUPPLY INC

13-3524651

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

- 14 ☒ M ☐ U Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in *multiple* states.

- 15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.  
☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter  Total must equal line 10.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Fill out *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to this form.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 16 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages .
- 17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name Phone  (  ) - Personal Identification Number (PIN)     ☒ No.**Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

☒

Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.

Print name and title

ATTY-IN-FACT

Date

03/31/07

Phone

(585) 336-7600

**Part 6: For PAID preparers only (optional)**Paid Preparer's  
Signature Firm's name Address EIN ZIP code Date  /  / 

Phone

(  ) - SSN/PTIN ☐ Check if you are self-employed

**Schedule B (Form 941):**

950307

**Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2007)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number **1 3 - 3 5 2 4 6 5 1**Name (not your trade name) **MECHANICAL HEATING SUPPLY INC**

Calendar Year

**2 0 0 7**

(Also check quarter)

**Report for this Quarter of 2007  
(Check one.)**☒ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), *Employer's Tax Guide*, for details.

**Month 1**

1		9		17		25	
2		10		18		26	
3		11		19	7576.33	27	
4		12		20		28	
5	7603.95	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

15180.28

**Month 2**

1		9		17		25	
2	7574.63	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16	7796.66	24			

Tax liability for Month 2

15371.29

**Month 3**

1		9		17		25	
2	7612.68	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	7539.82
7		15		23		31	
8		16	7670.05	24			

Tax liability for Month 3

22822.55

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter  
Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter

53374.12



**NYS-45-MN**

(1/05)

**Quarterly Combined Withholding, Wage Reporting,  
And Unemployment Insurance Return**

40515113

Reference these numbers in all correspondence:

UI Employer registration number 5557263 8

Withholding identification number 133524651 1

Employer legal name:

**MECHANICAL HEATING SUPPLY INC**Mark an **X** in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	Oct 1 - Dec 31	Tax year
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 YY

If seasonal employer, mark an **X** in the box.....

For office use only

Postmark

Received Date

UI SK	AI	SI	WT SK
----------	----	----	----------

**Number of employees**

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month

b. Second month

c. Third month

13

15

14

**Part A - Unemployment insurance (UI) information****Part B - Withholding tax (WT) information**

0021-D027

07090 TAXPAY®

1. Total remuneration paid this quarter..... 177015.00

2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1.... 79190.00

3. Wages subject to contribution (subtract line 2 from line 1)..... 97825.00

4. UI contributions due  
Enter your Tax rate 4.025 %..... 3937.46

5. Re-employment service fund (multiply line 3 x .00075)..... 73.37

6. UI previously underpaid with interest 0.00

7. Total of lines 4, 5, and 6..... 4010.83

8. Enter UI previously overpaid ... 0.00

9. Total UI amounts due (if line 7 is greater than line 8, enter difference) .. 4010.83

10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below) \*

11. Apply to outstanding liabilities and/or refund.....

12. New York State tax withheld..... 8197.62

13. City of New York tax withheld..... 1682.22

14. City of Yonkers tax withheld..... 0.00

15. Total tax withheld (add lines 12, 13 and 14) ..... 9879.84

16. WT credit from previous quarter's return (see instr.) ..... 0.00

17. Form NY S-1 payments made for quarter..... 9879.84

18. Total payments (add lines 16 and 17) ..... 9879.84

19. Total WT amount due (if line 15 is greater than line 18, enter difference) 0.00

20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an **X** in 20a or 20b) \* 0.00

20a. Apply to outstanding liabilities and/or refund..... **or**

20b. Credit to next quarter withholding tax.....

21. Total payment due (add lines 9 and 19; Make one remittance payable to NYS Employment Taxes)..... 4010.83

\* An overpayment of either tax cannot be used to offset the amount due on the other tax.  
Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

**Part C -- Employee wage and withholding information**

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT)

**Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number

b Last name, first name, middle initial

c UI total remuneration/gross wages paid this quarter

d Gross wages or distribution (see instructions)

e Total tax withheld

**WAGES FILED ON MAGNETIC TAPE****Totals** (column c must equal remuneration on line 1; see instructions for exceptions) .....**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

Signer's name (please print)

Title

**DO NOT FILE****REFERENCE COPY PREPARED BY PAYCHEX**

Date

Telephone number

5853367600